

Medicaid Managed Care Quarterly Transparency Report

State Fiscal Year 2021 – Quarter 2

Response to Act 482 of the 2018 Regular Legislative Session

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Introduction

This report is submitted in response to Act 482 of the 2018 Regular Legislative Session. The report contains requested data on the Medicaid expansion population and managed care organization (MCO) pharmacy benefit managers (PBM). As part of the Medicaid Managed Care Transparency Report, this report includes only those expansion population counts and expenditures for individuals enrolled in an MCO for either full or partial benefits. The report will be produced quarterly according to the following schedule.

State Fiscal Year Quarter	Months Reported	Report Issue Date
Q1	July, August, September	January
Q2	October, November, December	April
Q3	January, February, March	July
Q4	April, May, June	October

Each quarterly report will provide monthly data for the reporting period, as well as unduplicated year-to-date (YTD) totals for the 2021 state fiscal year. A collective chart of the data submitted in each quarterly report will be included in the annual Medicaid Managed Care Transparency Report.

All data reported will be current as of the run date of each report; however, some data may change over time due to the dynamic nature of Medicaid enrollment and claims processing. Claims data will be reported based on date of payment, rather than date of service. This will minimize fluctuations in data due to claims lag when data for the same reporting period is reported at a later date. Likewise, because Medicaid provides for retroactive enrollment, enrollment data presented each quarter may vary somewhat from data reported in the annual summary or other future reports.

Acronyms Used in This Report

Throughout this report, several acronyms are used to enable the concise presentation of data in tables. These acronyms are presented below.

Managed Care Organizations

ABH	Aetna Better Health
ACLA	Amerihealth Caritas of Louisiana
HB	Healthy Blue
LHCC	Louisiana Healthcare Connections
UHC	UnitedHealthCare Community Plan

Other Acronyms

MCO	Managed Care Organization	ED	Emergency Department
DBPM	Dental Benefits Plan Manager	NEMT	Non-Emergency Medical Transportation
PBM	Pharmacy Benefits Manager	CMS	Centers for Medicare & Medicaid Services
SFY	State Fiscal Year	MCNA	Managed Care of North America, Inc. (the DBPM)
YTD	Year to Date		

Louisiana Medicaid Expansion Population

On July 1, 2016, per Executive Order JBE 16-01, Louisiana expanded Medicaid coverage under the Affordable Care Act to adults aged 19 through 64 under 138% of the Federal Poverty Level. The majority of the expansion group receives full Medicaid coverage through enrollment in one of five contracted Medicaid MCOs. Each month less than 1% of expansion enrollees are enrolled in cases such as incarceration or enrollment in Medicare that may require a period of coverage for some services under fee for service (FFS). Non-managed care data for these cases are not included in this report.

Expansion Enrollment by Age Cohort and MCO

During the current reporting quarter, October 1, 2020 through December 31, 2020, the unduplicated count of expansion enrollees enrolled in an MCO was 613,685. Table 1 provides a breakdown of enrollees by age, MCO and month. Totals for each MCO and for the fiscal YTD are unduplicated and therefore will not equal the sum or counts by MCO or the sum of counts by month.

Table 1: Expansion enrollment by age cohort and MCO, SFY 2021 Quarter 2

	ABH	ACLA	HB	LHCC	UHC	Total
October 2020						
Ages 19 to 49	43,014	56,418	93,166	120,808	131,115	444,521
Ages 50 to 64	16,641	15,051	26,737	28,491	33,968	120,888
Total	59,655	71,469	119,903	149,299	165,083	565,409
November 2020						
Ages 19 to 49	44,020	57,397	95,289	123,199	133,287	453,192
Ages 50 to 64	17,206	15,618	27,709	29,424	35,049	125,006
Total	61,226	73,015	122,998	152,623	168,336	578,198
December 2020						
Ages 19 to 49	45,168	58,423	97,333	125,167	135,428	461,519
Ages 50 to 64	17,726	16,064	28,585	30,203	35,959	128,537
Total	62,894	74,487	125,918	155,370	171,387	590,056
SFY 2021 Q2 Total						
Ages 19 to 49	46,335	59,688	99,305	127,610	138,109	468,774
Ages 50 to 64	18,113	16,376	29,123	30,689	36,591	130,360
Total¹	64,263	75,878	128,071	157,892	174,225	597,518
SFY 2021 YTD¹	66,699	78,440	132,195	162,784	179,930	613,685

Source: Medicaid Data Warehouse, data extracted 2/12/2021.

¹ Quarterly totals and YTD totals are unduplicated and may not equal the sum of individual cells due to duplication across months and MCOs.

Expansion Enrollees with Earned Income

Table 2 presents the number of expansion enrollees in each MCO with earned income. Approximately 54% of the expansion population for quarter 2 reported earned income. This analysis may include individuals with a disability or other persons identified in CMS guidance whose ability to work may be limited, such as students and individuals with complex medical conditions.

Table 2: Unduplicated expansion enrollees with earned income by age cohort and MCO, SFY 2021 Quarter 2²

	ABH	ACLA	HB	LHCC	UHC	Total
October 2020						
Ages 19 to 49	21,970	32,038	50,903	70,659	74,499	250,069
Ages 50 to 64	5,691	5,555	9,454	10,845	12,887	44,432
Total	27,661	37,593	60,357	81,504	87,386	294,501
November 2020						
Ages 19 to 49	22,719	32,873	52,796	72,599	76,455	257,442
Ages 50 to 64	5,942	5,806	9,899	11,306	12,887	45,840
Total	28,661	38,679	62,695	83,905	89,342	303,282
December 2020						
Ages 19 to 49	23,857	34,089	55,130	75,274	79,332	267,682
Ages 50 to 64	6,291	6,117	10,412	11,817	13,538	48,175
Total	30,148	40,206	65,542	87,091	92,870	315,857
SFY 2021 Q2 Total						
Ages 19 to 49	24,472	34,876	56,307	76,859	81,057	272,399
Ages 50 to 64	6,481	6,280	10,664	12,092	13,843	49,200
Total³	30,894	41,062	66,830	88,752	94,691	320,896
SFY 2021 YTD³	32,199	42,559	69,265	91,834	98,242	331,284

Source: Medicaid Eligibility Data System, data extracted on 05/25/2021.

² Methodology for pulling data regarding earned income was updated starting Fiscal Year 2021 to assure that the income corresponds to the current reporting period.

³ Quarterly totals and YTD totals are unduplicated and may not equal the sum of individual cells due to duplication across months and MCOs. Members can be in more than one age group in the quarter at different months therefore the quarterly totals are de-duplicated and will not equal the total between age groups.

Expansion Per Member Per Month Payments

In the second quarter of SFY 2021, total payments of \$1,164,006,896 were issued to the five MCOs to manage the care of individuals in the expansion population for medical, specialized behavioral health, pharmacy and transportation services. Table 3 presents the total payments to each MCO to manage the care of the individuals in the expansion population assigned to their MCO by month of payment.

Table 3: Total payments to MCOs for expansion population, SFY 2021 Quarter 2

	ABH	ACLA	HB	LHCC	UHC	Total
October 2020⁴	\$49,172,383	\$57,802,407	\$97,914,428	\$118,272,043	\$135,062,278	\$458,223,539
November 2020	\$38,273,171	\$43,376,611	\$74,001,065	\$88,688,667	\$100,510,578	\$344,850,092
December 2020⁵	\$39,353,735	\$45,374,068	\$77,294,415	\$93,118,876	\$105,852,171	\$360,993,265
SFY 2021 Q2 Total	\$126,799,289	\$146,553,086	\$249,209,908	\$300,079,586	\$341,425,027	\$1,164,066,896
SFY 2021 YTD	\$236,195,371	\$274,453,114	\$459,009,375	\$556,205,309	\$634,989,254	\$2,160,852,423

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted 1/25/2021.

In addition to the services provided by the MCOs, the state contracts with a single dental benefit program manager, MCNA, Inc., to provide administration of dental benefits for the expansion population. Expansion enrollees aged 19 and 20 years are eligible for all Medicaid covered dental services. Enrollees 21 years of age and over are eligible for covered denture services only. Table 4 provides total payments for dental benefits by month of payment.

Table 4: Total payments for dental benefits for expansion population, SFY 2021 Quarter 2

	MCNA
October 2020⁶	\$2,484,850
November 2020⁷	\$1,380,335
December 2020	\$1,883,734
SFY 2021 Q2 Total	\$5,748,919
SFY 2021 YTD	\$14,973,505

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 1/25/2021.

⁴ October payments include adjustments of August DOS PMPMs to newly approved rates, plus \$82.3 million in Health Insurance Provider Fee (HIPF) payments and \$36.1 million in payments for the Managed Care Incentive Payment (MCIP) Program.

⁵ December payments include \$9.8 million in Hepatitis C Risk Corridor Payments.

⁶ October payments for MCNA includes adjustments for July 2020 PMPMs and \$371K in Health Insurance Provider Fee (HIPF) payments.

⁷ November payments for MCNA includes adjustments for August and September 2020 PMPMs.

Medicaid Expansion Population Service Utilization

As requested in Act 482 of the 2018 Regular Legislative Session, this section provides a comparison of specified service utilization for the expansion population and the non-expansion population, by age cohort. The expansion population covers any adult who meets the eligibility criteria of aged 19 to 64 years old and has a household income less than 138% of the federal poverty level that do not meet other Medicaid categorical eligibility criteria (Aged, Blind, Child-related, Disabled, or are not eligible for or enrolled in Medicare). Non-expansion includes all other groups of individuals including children under 19, pregnant women, low-income parents/caretakers relatives of minor children, and individuals over 65, blind or disabled.

The number of recipients who received services is unduplicated within each service category and reporting time period and, as a result, cannot be added to ascertain the total number of recipients who received services each month. Total MCO expenditures within these reporting categories in SFY 2021 quarter 2 were \$672,848,326 for the expansion population and \$779,743,148 for the non-expansion population. This includes claims payments made to providers by the MCOs for these select services and does not include payments made under the fee-for-service program. Approximately 46% of total payments by the MCOs to providers for the six categories of service presented are attributed to utilization by the expansion population.

Table 5a: Emergency Department⁸ service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2021 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2020	November 2020	December 2020	SFY 2021 Q2	October 2020	November 2020	December 2020	SFY 2021 Q2	
0 to 18 ⁹	Recipients	0	0	0	0	34,408	24,196	25,575	75,218	0.0%
	Payments	\$0	\$0	\$0	\$0	\$6,532,764	\$4,488,479	\$5,359,999	\$16,381,242	0.0%
19 to 49	Recipients	40,121	30,949	33,319	85,950	18,756	14,007	14,536	37,746	69.5%
	Payments	\$9,691,399	\$7,013,197	\$8,198,576	\$24,903,172	\$4,799,221	\$3,433,691	\$3,904,512	\$12,137,424	67.2%
50 to 64	Recipients	9,211	6,868	7,147	19,456	6,703	4,840	4,978	12,738	60.4%
	Payments	\$2,442,875	\$1,689,112	\$1,993,221	\$6,125,208	\$1,999,270	\$1,329,988	\$1,509,255	\$4,838,513	55.9%
65+ ⁹	Recipients	0	0	0	0	129	108	119	299	0.0%
	Payments	\$0	\$0	\$0	\$0	\$37,208	\$29,525	\$31,889	\$98,622	0.0%

Source: Medicaid Data Warehouse, data extracted on 2/12/2021.

⁸ Emergency department includes facility payments only. ED associated payments for physician services are included in table 5f.

⁹ Medicaid Expansion population covers adults ages 19 through 64.

Table 5b: Hospital Inpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2021 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2020	November 2020	December 2020	SFY 2021 Q2	October 2020	November 2020	December 2020	SFY 2021 Q2	
0 to 18 ¹⁰	Recipients	0	0	0	0	4,974	4,226	4,988	13,155	0.0%
	Payments	\$0	\$0	\$0	\$0	\$37,337,924	\$30,377,204	\$32,452,421	\$100,167,549	0.0%
19 to 49	Recipients	5,697	5,045	5,660	14,664	4,237	3,724	4,148	10,824	57.5%
	Payments	\$37,772,090	\$30,391,002	\$35,087,353	\$103,250,444	\$23,301,077	\$20,291,895	\$23,122,018	\$66,714,990	60.7%
50 to 64	Recipients	1,943	1,628	1,840	4,697	1,603	1,276	1,544	3,631	56.4%
	Payments	\$19,166,523	\$14,950,939	\$17,398,628	\$51,516,090	\$16,369,337	\$12,442,818	\$15,179,064	\$43,991,219	53.9%
65+ ¹⁰	Recipients	0	0	0	0	65	56	68	160	0.0%
	Payments	\$0	\$0	\$0	\$0	\$562,609	\$692,387	\$752,584	\$2,007,580	0.0%

Source: Medicaid Data Warehouse, data extracted on 2/12/2021.

Table 5c: Hospital Outpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2021 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2020	November 2020	December 2020	SFY 2021 Q2	October 2020	November 2020	December 2020	SFY 2021 Q2	
0 to 18 ¹⁰	Recipients	0	0	0	0	78,879	63,805	70,565	160,915	0.0%
	Payments	\$0	\$0	\$0	\$0	\$18,532,262	\$14,988,242	\$17,283,397	\$50,803,902	0.0%
19 to 49	Recipients	84,326	69,434	74,998	155,940	42,120	33,229	35,278	72,272	68.3%
	Payments	\$31,553,314	\$25,119,192	\$28,272,970	\$84,945,476	\$17,774,261	\$14,012,387	\$15,044,238	\$46,830,887	64.5%
50 to 64	Recipients	33,635	29,744	31,027	58,325	19,073	16,448	16,724	30,543	65.6%
	Payments	\$19,409,557	\$16,560,741	\$18,587,716	\$54,558,013	\$14,873,489	\$12,308,718	\$13,327,791	\$40,509,998	57.4%
65+ ¹⁰	Recipients	0	0	0	0	529	521	574	971	0.0%
	Payments	\$0	\$0	\$0	\$0	\$315,666	\$386,974	\$523,304	\$1,225,943	0.0%

Source: Medicaid Data Warehouse, data extracted on 2/12/2021.

¹⁰ Medicaid Expansion population covers adults ages 19 through 64.

Table 5d: Nonemergency Medical Transportation service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2021 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2020	November 2020	December 2020	SFY 2021 Q2	October 2020	November 2020	December 2020	SFY 2021 Q2	
0 to 18 ¹¹	Recipients	0	0	0	0	1,506	1,063	2,026	3,517	0.0%
	Payments	\$0	\$0	\$0	\$0	\$348,767	\$251,394	\$509,691	\$1,109,851	0.0%
19 to 49	Recipients	2,365	2,026	2,850	5,168	3,017	2,550	3,341	5,680	47.6%
	Payments	\$622,164	\$480,655	\$725,443	\$1,828,263	\$717,030	\$607,823	\$944,725	\$2,269,579	44.6%
50 to 64	Recipients	1,554	1,379	1,839	3,045	4,124	3,414	4,399	6,927	30.5%
	Payments	\$277,306	\$259,055	\$411,010	\$947,371	\$894,156	\$749,773	\$1,229,855	\$2,873,783	24.8%
65+ ¹¹	Recipients	0	0	0	0	1,442	1,191	1,658	2,482	0.0%
	Payments	\$0	\$0	\$0	\$0	\$300,556	\$254,056	\$459,187	\$1,013,800	0.0%

Source: Medicaid Data Warehouse, data extracted on 2/12/2021.

Table 5e: Pharmacy service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2021 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2020	November 2020	December 2020	SFY 2021 Q2	October 2020	November 2020	December 2020	SFY 2021 Q2	
0 to 18 ¹¹	Recipients	0	0	0	0	151,294	151,727	151,975	271,043	0.0%
	Payments	\$0	\$0	\$0	\$0	\$25,574,105	\$26,414,394	\$28,271,625	\$80,260,124	0.0%
19 to 49	Recipients	156,456	158,677	165,255	235,606	69,088	69,419	71,490	99,641	70.3%
	Payments	\$50,840,447	\$50,245,194	\$55,985,995	\$157,071,636	\$31,358,410	\$29,979,478	\$33,606,934	\$94,944,822	62.3%
50 to 64	Recipients	68,678	69,071	72,178	87,493	37,120	36,770	37,155	43,148	67.0%
	Payments	\$28,509,109	\$27,859,383	\$31,736,863	\$88,105,354	\$24,565,318	\$23,528,899	\$26,060,859	\$74,155,076	54.3%
65+ ¹¹	Recipients	0	0	0	0	1,322	1,351	1,411	1,749	0.0%
	Payments	\$0	\$0	\$0	\$0	\$479,338	\$486,829	\$593,897	\$1,560,063	0.0%

Source: Medicaid Data Warehouse, data extracted on 2/21/2021.

¹¹ Medicaid Expansion population covers adults ages 19 through 64.

Table 5f: Physicians¹² service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2021 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2020	November 2020	December 2020	SFY 2021 Q2	October 2020	November 2020	December 2020	SFY 2021 Q2	
0 to 18 ¹³	Recipients	0	0	0	0	164,738	162,560	170,379	333,321	0.0%
	Payments	\$0	\$0	\$0	\$0	\$25,834,705	\$24,857,889	\$27,498,269	\$78,190,864	0.0%
19 to 49	Recipients	108,219	105,592	114,370	201,053	51,235	49,023	51,892	88,109	69.5%
	Payments	\$22,821,220	\$20,270,767	\$23,339,895	\$66,431,883	\$12,803,674	\$10,973,772	\$12,344,835	\$36,122,281	64.8%
50 to 64	Recipients	39,385	38,301	40,291	66,826	22,072	21,223	21,803	34,268	66.1%
	Payments	\$11,587,632	\$10,320,671	\$11,257,114	\$33,165,417	\$7,471,668	\$6,396,395	\$6,852,243	\$20,720,306	61.5%
65+ ¹³	Recipients	0	0	0	0	741	707	761	1,242	0.0%
	Payments	\$0	\$0	\$0	\$0	\$297,798	\$267,231	\$249,700	\$814,729	0.0%

Source: Medicaid Data Warehouse, data extracted on 2/12/2021.

¹² Includes both emergency and non-emergency services.

¹³ Medicaid Expansion population covers adults ages 19 through 64.

Pharmacy Benefit Managers

All five MCOs manage pharmacy benefits for members enrolled with full-benefits coverage. Partial-benefit members continue to receive pharmacy benefits under fee-for-service Medicaid. An MCO can self-administer its pharmacy benefits or subcontract with a pharmacy benefit manager (PBM). Table 6 lists the name of each PBM, identified as contracted or owned and whether the PBM was a subsidiary of the MCO's parent company during SFY 2021 quarter 2.

Table 6: MCO PBMs, SFY 2021 Quarter 2

MCO	PBM	MCO/PBM Relationship
ABH	CaremarkPCS Health	CVS Health Corporation is the ultimate owner of both Aetna (MCO) and Caremark (PBM). Aetna has an intercompany agreement with Caremark for PBM services.
ACLA	PerformRx	Both AmeriHealth Caritas Louisiana, Inc. and PerformRx are wholly-owned by AmeriHealth Caritas Health Plan. ACLA subcontracts with PerformRx for PBM services.
HB	IngenioRx	Healthy Blue is a joint venture between Blue Cross Blue Shield Louisiana and Amerigroup Partnership Plan, LLC. Anthem, Inc. is the ultimate parent company of Amerigroup and IngenioRx. IngenioRx provides PBM service to Healthy Blue under a master intercompany services agreement.
LHCC	Envolve Pharmacy Solutions	Centene Corporation is the parent company of Louisiana Healthcare Connections (LHCC) and Envolve Pharmacy Solutions (EPS). LHCC has a PBM contract with EPS and CVS is a subcontractor of EPS.
UHC	OptumRx	UnitedHealth Group is the parent company of both OptumRx and UnitedHealthcare of Louisiana. UnitedHealthcare of Louisiana, has a contractual relationship with OptumRx for PBM Services.

Source: Self-reported by MCOs

PBM Revenue Streams

Table 7 provides a listing of revenues paid monthly to each PBM for management of the MCO's pharmacy benefit, including any rebates earned and retained by either the PBM or the MCO. All amounts are reported on a cash basis in the month received or remitted. The time period for collection of rebates by the PBM and remittance to the MCO varies across plans, with some occurring monthly and others quarterly. Rebates collected by the MCO are not remitted to the Department; however, these amounts are used by the actuary as a reduction in net pharmacy costs in the calculation of capitation rates. A quarterly and year-to-date summary for SFY 2021 is provided in Table 8.

In advance of the statutory deadline established by Act 482 of the 2018 regular legislative session, MCO contracts were amended to implement certain changes in the managed care pharmacy program that impact the data presented in this section. Effective May 1, 2019, these changes specifically limited contracts for PBM services to a transaction fee only, based on a set rate established by LDH. The current maximum rate set by the Department is \$1.25 per processed claim. With implementation of a single preferred drug list (PDL), PBMs are no longer allowed to enter

into supplemental rebate agreements on drugs included on the single PDL nor are they allowed to engage in spread pricing. However, because these figures are reported on a cash-flow basis, some rebates and discounts that were accrued prior to the May 1, 2019, contract amendment were paid and reported after the May 1 effective date. For dates of services on and after May 1, 2019, the MCO/PBMs may only collect rebates on items not included on the single PDL, such as diabetes testing supplies.

Table 7: MCO PBM revenues by month, SFY 2021 Quarter 2

	ABH	ACLA	HB	LHCC	UHC
October 2020					
Transaction Fees Paid by MCO to PBM	\$94,471	\$493,971	\$328,408	\$605,271	\$968,206
Rebates and Discounts Retained by the MCO or PBM ¹⁴	\$0	\$0	\$0	\$0	\$307,078
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing	\$0	\$0	\$0	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0
November 2020					
Transaction Fees Paid by MCO to PBM	\$91,541	\$502,439	\$258,971	\$591,888	\$941,766
Rebates and Discounts Retained by the MCO or PBM ¹⁴	\$159,221	\$0	\$209,716	\$0	\$195,970
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing	\$0	\$0	\$0	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0
December 2020					
Transaction Fees Paid by MCO to PBM	\$96,901	\$502,158	\$261,283	\$620,308	\$995,323
Rebates and Discounts Retained by the MCO or PBM ^{14,15}	\$0	\$276,163	\$72,458	-\$19,734	\$239,316
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing	\$0	\$0	\$0	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0

Source: MCO self-reported, Report 054, template accessible at <http://ldh.la.gov/index.cfm/page/1700>.

¹⁴ Includes rebates received for prescriptions filled prior to the 5/1/2019 implementation of the single PDL, as well as, rebates for services post 5/1/2019 that are not covered under the single PDL, such as diabetic supplies.

¹⁵ Adjustments is based on LHCC's identify those ineligible claims and recoup any improper rebates paid to the PBM.

Table 8: MCO PBM revenues quarterly and year to date summary, SFY 2021

	ABH	ACLA	HB	LHCC	UHC
SFY 2021 Q2 Total					
Transaction Fees Paid by MCO to PBM	\$282,913	\$1,498,568	\$848,662	\$1,817,467	\$2,905,295
Rebates and Discounts Retained by the MCO or PBM ^{16, 17}	\$159,221	\$276,163	\$282,174	-\$19,734	\$742,364
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing	\$0	\$0	\$0	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0
SFY 2021 YTD (July 2020 – June 2021)					
Transaction Fees Paid by MCO to PBM	\$549,553	\$2,960,383	\$1,646,278	\$3,566,805	\$5,644,661
Rebates and Discounts Retained by the MCO or PBM ¹⁶	\$468,838	\$639,656	\$410,697	\$43,997	\$1,851,278
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing	\$0	\$0	\$0	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0

Source: MCO self-reported, Report 054, template accessible at <http://ldh.la.gov/index.cfm/page/1700>.

¹⁶ Includes rebates received for prescriptions filled prior to the 5/1/2019 implementation of the single PDL, as well as, rebates for services post 5/1/2019 that are not covered under the single PDL, such as diabetic supplies.

¹⁷ Adjustments is based on LHCC's identify those ineligible claims and recoup any improper rebates paid to the PBM during December.

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